

**APPLICATION FOR WISCONSIN INTERPRETING  
AND TRANSLITERATING ASSESSMENT (WITA)**

Name – Applicant (Last, First, MI)		Telephone Number (Home)
Address (Street, PO Box)		Telephone Number (Work)
Address (City, State, Zip Code)		Telephone Number (Cell)
County of Residence	Email Address	

☐ Written Exam

**OR**

☐ Performance Assessment—If you checked “Performance Assessment,” please enclose proof of passing the WITA Written Exam within the past year or Registry of Interpreters for the Deaf (RID) Generalist Written Exam within the past five years.

Preferred Test Date	Office for Deaf and Hard of Hearing (ODHH) Regional Office Select from list
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The fee for the Written Exam is \$30, which can only be paid with a **cashier’s check or money order**. *Personal checks or cash will not be accepted.* **Application fees are non-refundable.**

The fee for the Performance Assessment is \$130, which can only be paid with a **cashier’s check or money order**. *Personal checks or cash will not be accepted.* **Application fees are non-refundable.**

Mail your application and fee to the ODHH Regional Office that you prefer at least **three weeks before the test date**. Applications are processed on a first-come, first-serve basis. An assessment slot WILL NOT be assigned until payment is received. There will be no exceptions to this policy.

ODHH—Western Regional Office  
610 Gibson Street, Suite 1  
Eau Claire, WI 54701

ODHH—Northeastern Regional Office  
555 Country Club Road  
Green Bay, WI 54313-4908

ODHH—Northern Regional Office  
2801 North 7<sup>th</sup> Street, Suite 300  
Wausau, WI 54403-3281

ODHH—Southeastern Regional Office  
141 Northwest Barstow Street, Room 104  
Waukesha, WI 53188-3789

ODHH—Southern Region  
1 West Wilson Street, Room 451  
PO Box 7851  
Madison, WI 53707-7851